



### ADVANCED FELLOWSHIP PROGRAM APPLICATION

Please choose one:

- |  |  |
|--|--|
| <input type="checkbox"/> Structural Heart Disease  | <input type="checkbox"/> Interventional Echocardiography |
| <input type="checkbox"/> Endovascular Intervention | <input type="checkbox"/> Complex Coronary Intervention   |

Post-Graduate Training in Interventional Cardiology			
<b>Last Name</b>		<b>First Name</b>	<b>Middle Initial</b>
<b>Street</b>		<b>Apt #</b>	
<b>City</b>	<b>State</b>	<b>Zip Code</b>	
<b>Country</b>			
<b>Daytime Phone</b>		<b>Evening Phone</b>	
		Y	N
/ /	<b>Place of Birth (City/State)</b>		<b>U.S. Citizenship</b>
<b>Social Security Number</b>	<b>Country of Citizenship</b>		
Resident	Temporary	Exchange Visitor (J1)	Other (Specify):
Please Select Visa Category, if applicable			
<b>Hospital</b>		<b>Street</b>	
<b>City</b>	<b>State</b>	<b>Country</b>	<b>Zip Code</b>
<b>Hospital Telephone</b>		<b>Pager #</b>	
<b>College/University</b>	<b>Graduation Date</b>	<b>Degree</b>	
<b>Medical School</b>	<b>Graduation Date</b>	<b>Degree</b>	

<b>Internship (Hospital)</b>		<b>Dates</b>		<b>Type</b>	
<b>Previous Residency (Hospital)</b>		<b>Dates</b>		<b>Type</b>	
<b>Previous Residency (Hospital)</b>		<b>Dates</b>		<b>Type</b>	
<b>Fellowship Training</b>		<b>Dates</b>		<b>Type</b>	
<b>Other Medical Training</b>		<b>Dates</b>		<b>Type</b>	
<b>Any Permanent License (if any) numbers</b>			<b>Year(s) Issued</b>		
<b>USMLE/ECFMG Scores</b>	<b>Step 1</b>	<b>Step 2</b>	<b>Step 2 CS</b>	<b>Step 3</b>	
<hr/> (signature above)					
<b>I hereby certify the above information is complete and accurate</b>					

Please submit all documents as one pdf or document, electronically:

1. Cover letter stating:
  - Career goals
  - Areas of specific clinical/research interests
  - Number of years of advanced training desired
2. Passport sized photograph
3. Curriculum Vitae
4. Diplomas & Licenses
5. USMLE results (hard copy)
6. ECFMG certificate (if applicable): [www.ecfm.org/certification/](http://www.ecfm.org/certification/)
7. Minimum four (4) letters of recommendation, including from your current Division Chief, Director of the Catheterization Lab (if applying for Endovascular, Structural, or Complex Coronary Intervention fellowships), Director of Echocardiography lab (if applying for Interventional Echocardiography fellowship), and Training Director at your current hospital
8. All international applicants must apply for FCVS Certification : <https://portal.fsmb.org/MyFmb/>
9. U.S. applicants *must* be eligible to apply for permit or NY State medical license.
10. International applicants *must* be eligible to apply for a limited permit: [www.op.nysed.gov/prof/med/medic.html](http://www.op.nysed.gov/prof/med/medic.html)

**Contact: Katherine Malave, Senior Fellowship Coordinator @**  
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